



CITY OF KIRKLAND BUILDING PERMIT APPLICATION

Commercial Tenant Improvement or Tenant Space demolition – No exterior work included.

Permit # BLD _____

City of Kirkland 123 5th Ave. Kirkland, WA 98033 425-587-3600 www.kirklandwa.gov

#1 Site Address

Floor and Suite

#: _____

Project Name:

Property Owner _____ Phone _____

Property Owner's Address _____ City, Zip Code _____

Describe Tenant improvement to be Done: _____

#2

Contractor's Name _____ Contractor's Reg. # _____

(Company Name)

Expiration Date _____

Contractor's Address _____ State UBI # _____

City, Zip Code _____ Phone _____

OR – OWNER IS CONTRACTOR - I have read Chapter 18.27.010 relating to definitions of general contractors and specialty contractors and Chapter 18.27.110, which prohibits issuing permits without proof of registration, and owner is contractor.

OWNER/AGENT SIGNATURE: _____

#3

Contact Person: _____ Daytime Phone _____

Address _____ Alt. Phone _____

City _____ State _____ ZIP _____ Fax _____

Email _____

#4

Sewer District _____ Septic: Yes ☐ No ☐ Water District _____

#5

Total Estimated Project Cost _____ Existing Building

Valuation _____

Lender _____

Address _____ Phone _____

#6

Property Tax Account Number (Parcel #) _____

Legal Description _____

Please submit 3 separate 8 1/2 x 11 copies of the legal description with this application if it will not fit in space provided above.

#7

Land Use Information (Contact the Planning Department with questions at 425-587-3225):

ZONE: _____ **ALLOWED USE?:** _____

Existing Tenant Name: _____ Existing Use: _____ Existing Sq. Ft.: _____

Proposed Tenant Name: _____ Proposed Use: _____ Proposed Sq. Ft.: _____

Change in Use? ☐ Yes ☐ No If yes: Transportation Impact Fees: _____

Change to Required Parking: _____ (Increase/Decrease)

#8

☐ Will any tenant space be demolished as part of this permit? YES _____ NO _____

Describe tenant space to be demolished: _____

Show demolition floor plan on your plans.

#9

☐ If demolition work is proposed, you must contact the Puget Sound Clean Air Organization regarding

Asbestos requirements. For full details and to obtain asbestos forms, instructions and regulations go online:

<http://www.pscleanair.org/asbestos/asbe-cont-info.shtml> or to ask other questions, by phone 1-800-552-3565.

Failure to comply with asbestos requirements may result in penalties.

| | | | | | | | |
|--|---|--|-----------|---|--|---|--|
| MECHANICAL INCLUDED IN PROJECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NOTE: IF MECHANICAL WORK WILL BE DONE, AND IS NOT INCLUDED IN THIS APPLICATION, A SEPARATE PERMIT IS REQUIRED.</i> | | | | PLUMBING INCLUDED IN PROJECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NOTE: IF PLUMBING WORK WILL BE DONE, AND IS NOT INCLUDED IN THIS APPLICATION, A SEPARATE PERMIT IS REQUIRED.</i> | | | |
| #10 | Number of Mechanical Appliances: (G = Natural Gas, E = Electric, OT = Other) | | Fuel type | Size (BTU/kW) | #11 | Number of Plumbing Fixtures (including rough-ins): New Move Existing | |
| <u>New</u> <u>Move</u> <u>Existing</u> | _____ Furnace _____ Thermostat Wiring _____ LF _____ Unit Heater/Wall Heater _____ Vent Fans _____ AC Units _____ tons _____ Boilers/Compressors _____ Air Handlers, _____ CFM _____ Commercial Hoods _____ Woodstoves/Fireplaces _____ Clothes Dryers _____ Ranges _____ Log Lighters/BBQ's _____ Gas Piping - _____ feet _____ Gas Fireplace Insert _____ Other | | | | | _____ Bar Sink _____ Bathtub or Combo _____ Bath/Shower _____ Bidet _____ Clothes washer, Domestic _____ Dishwasher, Domestic _____ Hose Bibb, First _____ Hose Bibb, Each Additional _____ Kitchen Sink, Domestic _____ Laundry Sink _____ Lavatory (Bathroom Sinks) _____ Lawn Sprinkler, Each Head _____ Shower (Stand Alone) _____ Water Closet, (Toilet) _____ Medical Gas System _____ (Inlets/Outlets items) _____ Traps (Other than above) _____ Water Heater _____ Other- Describe | |
| Estimated cost, mechanical portion only (excluding fire protection and plumbing) \$ _____ | | | | | TOTAL FIXTURES: _____ | | |
| | | | | | Estimated Cost of Plumbing portion only (MEC) \$ _____ | | |
| #12 | <ul style="list-style-type: none"> By signing this application, I authorize employees/agents of the City of Kirkland to enter onto the property which is the subject of this application during regular business hours. The sole purpose of entry is to make any examination of the property which is necessary to process this application. By signing this application, I acknowledge that I understand and will comply with the Puget Sound Clean Air Organization's requirements regarding Asbestos Abatement, if applicable. | | | | | | |
| <p><i>I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge and, further, that I am authorized by the owner of the above premises to perform the work for which permit application is made. I further agree to save harmless the City of Kirkland as to any claim (including costs, expenses, and attorney's fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Kirkland, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as a part of this application.</i></p> <p>OWNER/AGENT: _____ DATE: _____</p> | | | | | | | |
| NOTE: | Permit Applications not requiring plan review are accepted Monday-Tuesday-Thursday-Friday 8-4:30, Wednesday 10:30-4:30 Permit Applications requiring plan review are accepted Monday-Tuesday-Thursday-Friday 8-4:00, Wednesday 10:30-4:00 | | | | | | |

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Please complete #13 if adding plumbing fixtures (including rough-ins)

#13 Water Supply Piping

- A. Fixture Units: Number of Fixtures x Fixture Unit multiplier = Total Fixture Units (Public)
 B. Distance from meter to most remote outlet: _____ feet.
 C. Difference in elevation between meter and highest fixture: _____ feet above meter or _____ feet below meter.
 D. Pressure in street main: _____ psi. (Measure with pressure gauge or check with water district).

| Plumbing Fixtures | Public Heavy Use Assembly | Public General Use | Total Fixture Units |
|---|---------------------------|----------------------|---------------------|
| Bar Sink | | _____ x 2.0 | |
| Bathtub or Combination Bath/Shower - 1/2" Branch | | _____ x 4.0 | |
| Bathtub or Combination Bath/Shower - 3/4" Branch | | _____ x 10.0 | |
| Bidet | | _____ x 1.0 | |
| Clinic Sink | | _____ x * | |
| Clotheswasher, Domestic | | _____ x 4.0 | |
| Dental Unit, Cuspidor | | _____ x 1.0 | |
| Dishwasher, Domestic | | _____ x 1.5 | |
| Drinking Fountain or Water Cooler | _____ x 0.75 | _____ x 0.5 | |
| Hose Bibb, First | | _____ x 2.5 | |
| Hose Bibb, Each Additional | | _____ x 1.0 | |
| Kitchen Sink, Domestic | | _____ x 1.5 | |
| Laundry Sink | | _____ x 2.0 | |
| Lavatory (Bathroom Sink) | _____ x 1.0 | _____ x 1.0 | |
| Service Sink or Mop Basin | | _____ x 3.0 | |
| Shower (List Each Head) | | _____ x 2.0 | |
| Urinal, 1.0 GPF Flushometer - See 610.10 | _____ x 5.0 | _____ x 4.0 | |
| Urinal, Flush Tank | _____ x * | _____ x 2.0 | |
| Wash Fountain, Circular Spray | | _____ x 4.0 | |
| Washup Sink, Each Set of Faucets | | _____ x 2.0 | |
| Water Closet, 1.6 GPF Gravity Tank | _____ x 3.5 | _____ x 2.5 | |
| Water Closet, 1.6 GPF Flushometer Valve - 1/2" Branch | _____ x * | _____ x * | |
| Water Closet, 1.6 GPF Flushometer Valve 1" Branch -see 610.10 | _____ x * | _____ x * | |
| * Refer to Table 6-4, 2006 UPC | | Total Fixture Units: | |
| <input type="checkbox"/> Hydraulic Analysis attached | | | |

OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

MINIMUM METER SIZE: _____ INCHES MINIMUM BUILDING SUPPLY: _____ INCHES PRV. NEEDED? YES _____ NO _____



COMMERCIAL/INDUSTRIAL TENANT IMPROVEMENT REQUIREMENT CHECKLIST

APPLICATION CANNOT BE RECEIVED IF INFORMATION IS INCOMPLETE

The following items must be provided and be complete in order to properly process your tenant improvement permit.

- **If plumbing or mechanical work is to be done in conjunction with this project, application must be made with this permit!**
- Plans and specifications must be prepared by a licensed architect or engineer unless the value of the proposed project (excluding the cost of **electrical and mechanical systems, fixtures, equipment, interior finish, and millwork**) is less than \$30,000.
- Total value of project: _____
- Project cost minus bolded items above: _____

| | |
|--------------------------|--|
| <input type="checkbox"/> | Completed Application for Building/Plumbing/Mechanical Permit: |
| <input type="checkbox"/> | Site Address and suite #, if applicable, and Project name, Property Owner name, address, and phone number |
| <input type="checkbox"/> | Describe job to be done |
| <input type="checkbox"/> | Contractor's name, address, and phone number, Contractor's registration and UBI numbers and expiration date |
| <input type="checkbox"/> | Contact person's name, address and phone number, and E-mail address if available |
| <input type="checkbox"/> | Sewer District or Septic, Water District |
| <input type="checkbox"/> | Total Estimated project cost and Existing building valuation - can be found at King County www.kingcounty.gov using Online Services Parcel Viewer |
| <input type="checkbox"/> | Lender/bonding information (when project cost is over \$5,000.00) |
| <input type="checkbox"/> | Property tax account number and Legal Description |
| <input type="checkbox"/> | Type of Work - Square footage and use, existing tenant name, new tenant name |
| <input type="checkbox"/> | Name of previous tenant and type of business |
| <input type="checkbox"/> | Will building permit include demolition of existing tenant space without new tenant? You must contact the Puget Sound Clean Air Organization regarding Asbestos requirements: by phone 1-800-552-3565 - or online: http://www.pscleanair.org/asbestos/asbe-cont-info.shtml For full details and to obtain asbestos forms, instructions, regulations or other questions. Failure to comply with asbestos requirements may result in penalties. |
| <input type="checkbox"/> | If Electrical work will be done, advise your Electrical contractor to obtain an electrical permit prior to doing any work. Electrical permits that do not require plan review can be pulled online at: www.MyBuildingPermit.com Will Plan review be required? Check here to find out: http://www.ci.kirkland.wa.us/Assets/Fire+and+Building/Building+PDFs/Electrical+Plans+Required.pdf or an application can be found at: http://www.ci.kirkland.wa.us/Assets/Fire+and+Building/Building+PDFs/Electrical+Permit+Application+and+fees.pdf |
| <input type="checkbox"/> | Mechanical fixture counts and plumbing fixtures counts if work will be included on this building permit. Specify whether new, moved, or existing. |

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | 4 Copies of the site plan. | |
| <input type="checkbox"/> | Three complete sets of floor plans of the space, maximum plan size of 24" x 36", drawn to 1/4" or 1/8" scale (Plans done in pencil not accepted) showing: | |
| <input type="checkbox"/> | <input type="checkbox"/> | Architects/engineers signed registration stamp must appear on plans and calculations prepared by such professionals. |
| <input type="checkbox"/> | <input type="checkbox"/> | Size of rooms and corridors with door and window locations |
| <input type="checkbox"/> | <input type="checkbox"/> | Required fire walls and doors |
| <input type="checkbox"/> | <input type="checkbox"/> | Plumbing fixture locations and physically disabled access |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical equipment locations. Structural design calculations are required by a licensed architect or engineer to verify the adequacy of the roof. Rooftop equipment must be screened to be architecturally compatible with the existing building. |
| <input type="checkbox"/> | <input type="checkbox"/> | Site plan showing exact location of area in building to be improved and the location of the building in which the improvement is proposed (show cross-streets). |
| <input type="checkbox"/> | Cross Section showing: | |
| <input type="checkbox"/> | <input type="checkbox"/> | Wall construction |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling construction |
| <input type="checkbox"/> | Reflected ceiling plan showing: | |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of all pathway lighting |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of exit signs |
| <input type="checkbox"/> | Complete Energy forms, Building Mechanical Systems and Lighting Power Budget, for compliance with Washington State Energy Code 51-11. | |
| <input type="checkbox"/> | NOTE | If RESTAURANT, need Health Department (206)-296-9791 approval prior to issuance <u>or</u> at time of application. |